

Candidate
Annual Report of Receipts and Disbursements
2009

Candidate's Name Greg Ward
Full Address 670 Hwy 4 West Ripley 38663
Telephone 662-837-4416 Fax _____
Contact Name _____ Email _____
Office Sought State Representative Political Party D



☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|--------------------------------|-----------------------|-----------------------|
| Total amount of contributions | \$ 3000 ⁰⁰ + \$ -0- | \$ 3000 ⁰⁰ | \$ 3000 ⁰⁰ |
| Total amount of disbursements | \$ 935 ⁰⁰ + \$ | \$ 2624 ⁰⁰ | \$ 3559 ⁰⁰ |
| Total amount of cash on hand | | \$ 4995 ¹⁵ | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Greg Ward
Signature of Candidate

1-27-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Greg Ward
 Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

| | | | |
|---|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Tyson</u> | | <u>11/1/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 2020</u> | | <u>9/27/09</u> | \$ <u>500.00</u> |
| City, State, Zip Code <u>Springdale, Ark. 72765</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>1000.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Monsanto Company</u> | | <u>11/1/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>800 N Lindbergh</u> | | <u>9/27/09</u> | \$ <u>500.00</u> |
| City, State, Zip Code <u>St. Louis, Mo. 63167</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>1000.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Burlington Northern Santa Fe</u> | | <u>9/27/09</u> | \$ <u>250.00</u> |
| Mailing Address <u>2500 Law Monka Drive</u> | | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>Ft Worth, Tx 76131</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>250.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Grand Trunk Western R.R.</u> | | <u>8/18/09</u> | \$ <u>250.00</u> |
| Mailing Address <u>2800 Livernaie, Suite 300</u> | | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>Troy, Michigan 48007</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>250.00</u> |

Name of Candidate or Committee Greg Ward
 Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) | | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|-----------------------------------|--|
| Full name <u>Chevron Corp</u> | | <u>12/4/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 9034</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Concord, Ca. 94524</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |
| Occupation (Required) | | Date (Mo., Day, Year) | Amount of each receipt this period |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Full name | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Mailing Address | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | Aggregate year-to-date | \$ |
| Occupation (Required) | | Date (Mo., Day, Year) | Amount of each receipt this period |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Full name | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Mailing Address | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | Aggregate year-to-date | \$ |
| Occupation (Required) | | Date (Mo., Day, Year) | Amount of each receipt this period |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Full name | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Mailing Address | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | Aggregate year-to-date | \$ |
| Occupation (Required) | | Date (Mo., Day, Year) | Amount of each receipt this period |

Name of Candidate or Committee Greg Ward
 Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

| | | | |
|------------------------------------|----------------------------|---------------------------|--|
| A. Full name | <u>Southern Sentinel</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>1701 City Av. North</u> | <u> / / </u> | \$ <u>935⁰⁰</u> |
| City, State, Zip Code | <u>Ripley, Ms. 38663</u> | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>935⁰⁰</u> |
| B. Full name | <u>Victory PAC</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>P.O. Box 2742</u> | <u>5/21/09</u> | \$ <u>500⁰⁰</u> |
| City, State, Zip Code | <u>Jackson, Ms. 39207</u> | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>500⁰⁰</u> |
| C. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | <u> / / </u> | \$ |
| City, State, Zip Code | | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ |
| D. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | <u> / / </u> | \$ |
| City, State, Zip Code | | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ |
| E. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | <u> / / </u> | \$ |
| City, State, Zip Code | | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ |
| F. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | <u> / / </u> | \$ |
| City, State, Zip Code | | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ |